

VERIZON NEW YORK

155130

REDACTED FOR PUBLIC INSPECTION

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0815
July 2013

<010> Study Area Code 155130
<015> Study Area Name VERIZON NEW YORK
<020> Program Year 2015
<030> Contact Name: Person USAC should contact with questions about this data Alan J. Buzacott
<035> Contact Telephone Number: 2025152595 ext. Number of the person identified in data line <030>
<039> Contact Email Address: alan.buzacott@verizon.com Email of the person identified in data line <030>

ACCEPTED/FILED

JUL 1 2014

**Federal Communications Commission
Office of the Secretary**

ANNUAL REPORTING FOR ALL CARRIERS

54.313 Completion Required
54.422 Completion Required

		(check box when complete)	
<100>	Service Quality Improvement Reporting (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200>	Outage Reporting (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<210>	<input type="checkbox"/> ← check box if no outages to report	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300>	Unfulfilled Service Requests (voice) 0	<input type="checkbox"/>	<input type="checkbox"/>
<310>	Detail on Attempts (voice) (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320>	Unfulfilled Service Requests (broadband) 2345	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330>	Detail on Attempts (broadband) 155130ny330.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<400>	Number of Complaints per 1,000 customers (voice)		
<410>	Fixed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<420>	Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<430>	Number of Complaints per 1,000 customers (broadband)		
<440>	Fixed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<450>	Mobile	<input type="checkbox"/>	<input type="checkbox"/>
<500>	Service Quality Standards & Consumer Protection Rules Compliance (check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<510>	155130ny510.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<600>	Functionality in Emergency Situations (check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<610>	155130ny610.pdf (attached descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<700>	Company Price Offerings (voice) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710>	Company Price Offerings (broadband) (complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<800>	Operating Companies and Affiliates (complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900>	Tribal Land Offerings (Y/N)? (if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000>	Voice Services Rate Comparability (check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010>	155130ny1010.pdf (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100>	Terrestrial Backhaul (Y/N)? (if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200>	Terms and Condition for Lifeline Customers (complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

REDACTED FOR PUBLIC INSPECTION

(100) Service Quality Improvement Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<015>	Study Area Name	VERIZON NEW YORK
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035>	Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

--

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
<114> Report how much universal service (USF) support was received
<115> How (USF) was used to improve service quality
<116> How (USF) was used to improve service coverage
<117> How (USF) was used to improve service capacity
<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Data Collection Form

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[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

See attached worksheet

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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(711)

912

42

<1>

42

40

45

cd25

43

<d4>

[illegible]

(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819
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<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com
<810>	Reporting Carrier	Verizon New York Inc.
<811>	Holding Company	
<812>	Operating Company	Verizon New York Inc.

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2015
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<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<910> Tribal Land(s) on which ETC Serves

Please see attached PDF for a list of tribal lands within the serving area for study area code 155130.

<920> Tribal Government Engagement Obligation

155130ny900.pdf

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes
Yes

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

FCC Form 481

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<1120> Please check this box to confirm no terrestrial backhaul
options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers
broadband service of at least 1 Mbps downstream and 256 kbps
upstream within the supported area pursuant to § 54.313(G) ☐

(1200) Terms and Condition for Lifeline Customers**Lifeline****Data Collection Form**

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<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP <http://www22.verizon.com/tariffs/>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | | |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

(2000) Price Cap Carrier Additional Documentation**Data Collection Form**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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July 2013

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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
<2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

☐
☐**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012> 2013 Frozen Support Certification
<2013> 2014 Frozen Support Certification
<2014> 2015 Frozen Support Certification
<2015> 2016 and future Frozen Support Certification

☐
☒
☐
☐**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016> Certification Support Used to Build Broadband

☐**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017> 3rd year Broadband Service Certification
<2018> 5th year Broadband Service Certification
<2019> Interim Progress Certification
<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

☐
☐
☐
☐

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

<010> Study Area Code 155130
 <015> Study Area Name VERIZON NEW YORK
 <020> Program Year 2015
 <030> Contact Name - Person USAC should contact regarding this data Alan J. Buzacott
 <035> Contact Telephone Number - Number of person identified in data line <030> 2025152595 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> alan.buzacott@verizon.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No) ☒ ☒

(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

Certification - Reporting Carrier
Data Collection Form

FCC Form 481
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: VERIZON NEW YORK

Signature of Authorized Officer: CERTIFIED ONLINE

Date 06/26/2014

Printed name of Authorized Officer: Robert Mutzenback

Title or position of Authorized Officer: Assistant Controller

Telephone number of Authorized Officer: 9085593924 ext.

Study Area Code of Reporting Carrier: 155130

Filing Due Date for this form: 07/01/2014

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification - Agent / Carrier
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0829
July 2013

<010> Study Area Code	155130
<015> Study Area Name	VERIZON NEW YORK
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Alan J. Buzacott
<035> Contact Telephone Number - Number of person identified in data line <030>	2025152595 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

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<220>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

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<220>

<a> <b1> <b2> <b3> <b4> <c1> <c2> <d>

<e> <f> <g> <h>

[illegible]

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<220>

<a>

<b1>

<b2>

<b3>

<b4>

<c1>

<c2>

<d>

<e>

<f>

<g>

Chapter 1

[illegible]

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data
Data Collection Form

FCC Form 481

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<039>	Contact Email Address - Email Address of person identified in data line <030>	alan.buzacott@verizon.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2014

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<b6>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	AKRON		FR					
NY	ALBANY		FR					
NY	ALBION		FR					
NY	ALDEN		FR					
NY	ALEXNDRIBY		FR					
NY	ALTAMONT		FR					
NY	AMAGANSETT		FR					
NY	AMBER		FR					
NY	AMENIA		FR					
NY	AMITYVILLE		FR					
NY	AMSTERDAM		FR					
NY	ANGELICA		FR					
NY	ANGOLA		FR					
NY	ANTWERP		FR					
NY	ARCADE		FR					
NY	ARGYLE		FR					
NY	ARKPORT		FR					
NY	ARMONK VLG		FR					
NY	ATHENS		FR					
NY	ATLANTIC		FR					
NY	ATTICA		FR					

(700) Price Offerings Including Voice Rate Data
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<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<b6>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	AUBURN		FR					
NY	AVERILL PK		FR					
NY	AVOCA		FR					
NY	BABYLON		FR					
NY	BALDWINSVL		FR					
NY	BALLSTNSPA		FR					
NY	BARKER		FR					
NY	BARNEVELD		FR					
NY	BATAVIA		FR					
NY	BATH		FR					
NY	BAY SHORE		FR					
NY	BAYPORT		FR					
NY	BEACON		FR					
NY	BEDFORDVLG		FR					
NY	BELFAST		FR					
NY	BELLPORT		FR					
NY	BELMONT		FR					
NY	BERNE		FR					
NY	BIG FLATS		FR					
NY	BINGHAMTON		FR					
NY	BIRCHWOOD		FR					

(700) Price Offerings Including Voice Rate Data
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FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 155130
<015> Study Area Name VERIZON NEW YORK
<020> Program Year 2015
<030> Contact Name - Person USAC should contact regarding this data Alan J. Buzacott
<035> Contact Telephone Number - Number of person identified in data line <030> 2025152595 ext.
<039> Contact Email Address - Email Address of person identified in data line <030> alan.buzacott@verizon.com

<701> Residential Local Service Charge Effective Date

1/1/2014

<702> Single State-wide Residential Local Service Charge

<703>

<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	BLISS		FR					
NY	BOLIVAR		FR					
NY	BOLTON LDG		FR					
NY	BOSTON		FR					
NY	BRAINADSVL		FR					
NY	BRENTWOOD		FR					
NY	BREWSTER		FR					
NY	BRIDGEMPTN		FR					
NY	BRIDGEPORT		FR					
NY	BUFFALO		FR					
NY	BYRON		FR					
NY	CAIRO		FR					
NY	CALLICOON		FR					
NY	CAMBRIDGE		FR					
NY	CAMDEN		FR					
NY	CAMERON		FR					
NY	CAMILLUS		FR					
NY	CAMPBELL		FR					
NY	CANASERAGA		FR					
NY	CANASTOTA		FR					
NY	CANISTEO		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	CANTON		FR					
NY	CARMEL		FR					
NY	CARTHAGE		FR					
NY	CASTLETON		FR					
NY	CATON		FR					
NY	CATSKILL		FR					
NY	CATTARAGUS		FR					
NY	CENTRAISLP		FR					
NY	CENTRALBDG		FR					
NY	CHAFFEE		FR					
NY	CHAPPAQUA		FR					
NY	CHATEAUGAY		FR					
NY	CHERRY CRK		FR					
NY	CHERRY VLY		FR					
NY	CHITTENGO		FR					
NY	CICERO		FR					
NY	CLARENCCTR		FR					
NY	CLARENCE		FR					
NY	CLARKSVL		FR					
NY	CLAVERACK		FR					
NY	CLAYTON		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	CLEVELAND		FR					
NY	CLINTON		FR					
NY	CLINTONCOR		FR					
NY	CLINTONDL		FR					
NY	CLYDE		FR					
NY	COBLESKILL		FR					
NY	COLDSPGHBR		FR					
NY	COLDSPRING		FR					
NY	COLONIE		FR					
NY	COMMACK		FR					
NY	CONGERS		FR					
NY	CONSTANTIA		FR					
NY	COOPERSTN		FR					
NY	COPENHAGEN		FR					
NY	CORNING		FR					
NY	CORNWALL		FR					
NY	CORTLAND		FR					
NY	CROTON FLS		FR					
NY	CRTNONHDSN		FR					
NY	CTRMORICHS		FR					
NY	CUBA		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	DANNEMORA		FR					
NY	DAVENPORT		FR					
NY	DEER PARK		FR					
NY	DELANSON		FR					
NY	DERBY		FR					
NY	DOLGEVILLE		FR					
NY	DOVER PL		FR					
NY	DUNKIRK		FR					
NY	E FIRE IS		FR					
NY	E HAMPTON		FR					
NY	EASTAURORA		FR					
NY	EASTPORT		FR					
NY	EDEN		FR					
NY	EDMESTON		FR					
NY	ELBA		FR					
NY	ELENBGDPOT		FR					
NY	ELIZABHTN		FR					
NY	ELLENVILLE		FR					
NY	ELLICOTTVL		FR					
NY	ELMIRA		FR					
NY	ENDICOTT		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	ESOPUS		FR	1	11	11	11	11
NY	ESPERANCE		FR	11	11	11	11	11
NY	EVANSMILLS		FR	11	11	11	11	11
NY	FABIUS		FR	11	11	11	11	11
NY	FALLSBURG		FR	11	11	11	11	11
NY	FARMINGDL		FR	11	11	11	11	11
NY	FAYETTE		FR	11	11	11	11	11
NY	FAYETTEVL		FR	11	11	11	11	11
NY	FIREISLAND		FR	11	11	11	11	11
NY	FLEISCHMAS		FR	11	11	11	11	11
NY	FORESTVL		FR	11	11	11	11	11
NY	FORT ANN		FR	11	11	11	11	11
NY	FRANKLINVL		FR	11	11	11	11	11
NY	FREEHOLD		FR	11	11	11	11	11
NY	FRIENDSHIP		FR	11	11	11	11	11
NY	FTCOVINGTN		FR	11	11	11	11	11
NY	GALWAY		FR	11	11	11	11	11
NY	GARRISON		FR	11	11	11	11	11
NY	GASPORT		FR	11	11	11	11	11
NY	GENEVA		FR	11	11	11	11	11
NY	GLENSFALLS		FR	11	11	11	11	11

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	GOUVERNEUR		FR					
NY	GOWANDA		FR					
NY	GRAHAMSVL		FR					
NY	GRAND IS		FR					
NY	GRANDGORGE		FR					
NY	GRANVILLE		FR					
NY	GREENFLCTR		FR					
NY	GREENPORT		FR					
NY	GREENVILLE		FR					
NY	GREENWD LK		FR					
NY	GREENWICH		FR					
NY	GROTON		FR					
NY	HAGUE		FR					
NY	HAMBURG		FR					
NY	HAMILTON		FR					
NY	HAMPTNBAYS		FR					
NY	HAMPTON		FR					
NY	HARRISVL		FR					
NY	HARTFORD		FR					
NY	HARTWICK		FR					
NY	HAVERSTRAW		FR					

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<a1>	<a2>	<a3>	<b1>	<b2>	<b3>	<b4>	<b5>	<b7>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	HERKIMER		FR					
NY	HEUVELTON		FR					
NY	HIGH FALLS		FR					
NY	HIGHLAND		FR					
NY	HIGHLD FLS		FR					
NY	HINSDALE		FR					
NY	HOBART		FR					
NY	HOLLAND		FR					
NY	HOLLEY		FR					
NY	HOOSICKFLS		FR					
NY	HORNELL		FR					
NY	HUDSON		FR					
NY	HUNTER		FR					
NY	HUNTINGTON		FR					
NY	HYDE PARK		FR					
NY	ILION		FR					
NY	ISLIP		FR					
NY	ITHACA		FR					
NY	JAMESPORT		FR					
NY	JAVA		FR					
NY	JEFFERSNVL		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	JONESVILLE		FR					
NY	JORDAN		FR					
NY	KATONAH		FR					
NY	KATTSKL BY		FR					
NY	KEENE		FR					
NY	KENDALL		FR					
NY	KERHONKSON		FR					
NY	KINGS PARK		FR					
NY	KINGSTON		FR					
NY	LA FARGEVL		FR					
NY	LAFAYETTE		FR					
NY	LAKEGEORGE		FR					
NY	LAKELAND		FR					
NY	LAKEPLACID		FR					
NY	LANCASTER		FR					
NY	LANSING		FR					
NY	LEWISBORO		FR					
NY	LEWISTON		FR					
NY	LEXINGTON		FR					
NY	LIBERTY		FR					
NY	LIMESTONE		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	LINDENHST		FR					
NY	LINDLEY		FR					
NY	LITTLE FLS		FR					
NY	LITTLE VLY		FR					
NY	LIVERPOOL		FR					
NY	LIVISTNMNR		FR					
NY	LKHUNTIGTN		FR					
NY	LOCKPORT		FR					
NY	LYNDONVL		FR					
NY	LYON MT		FR					
NY	LYONS		FR					
NY	MACDOUGALL		FR					
NY	MACEDON		FR					
NY	MACHIAS		FR					
NY	MADRID		FR					
NY	MAHOPAC		FR					
NY	MAINE		FR					
NY	MALONE		FR					
NY	MARIAVILLE		FR					
NY	MARION		FR					
NY	MARLBORO		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	MASSENA		FR					
NY	MATTITUCK		FR					
NY	MCGRAW		FR					
NY	MCLEAN		FR					
NY	MECHANICVL		FR					
NY	MEDINA		FR					
NY	MEXICO		FR					
NY	MIDDLEPORT		FR					
NY	MIDLAND		FR					
NY	MILFORD		FR					
NY	MILLBROOK		FR					
NY	MILTON		FR					
NY	MINEVILLE		FR					
NY	MINOA		FR					
NY	MOIRA		FR					
NY	MONTAUK PT		FR					
NY	MONTICELLO		FR					
NY	MORAVIA		FR					
NY	MORRISTOWN		FR					
NY	MOUNTKISCO		FR					
NY	MT VERNON		FR					

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
NY	NANUET		FR					
NY	NASSAUZN01		FR					
NY	NASSAUZN02		FR					
NY	NASSAUZN03		FR					
NY	NASSAUZN04		FR					
NY	NASSAUZN05		FR					
NY	NASSAUZN06		FR					
NY	NASSAUZN07		FR					
NY	NASSAUZN08		FR					
NY	NASSAUZN09		FR					
NY	NATURALBDG		FR					
NY	NEW CITY		FR					
NY	NEW PALTZ		FR					
NY	NEWARK		FR					
NY	NEWBURGH		FR					
NY	NEWFANE		FR					
NY	NEWFIELD		FR					
NY	NIAGARAFLS		FR					
NY	NICHOLS		FR					
NY	NO COLLINS		FR					
NY	NORFOLK		FR					